**2020 National Patient Safety Award Application
 Declaration Form**

**(Please complete Declaration Form and submit with application)**

|  |
| --- |
| **Hospital/Community Organization/ individual Name:**  |
| **Contact Name:**  |
| **Contact Title:**  |
| **Street Address:**  |
| **City:** |
| **Province:**  |
| **Postal Code:**  |
| **E-Mail Address:**  |
| **Phone Number:**  |
| **Title of Project to be Submitted:**  |

The National Patient Safety Award is awarded to projects who have demonstrated exceptional commitment to improving patient safety within their organizations and community. Hospital organizations, Healthcare professionals, community leaders and organizations are urged to consider participation in the awards process both as recognition of their improvement and patient safety efforts and to assess their progress relative to the achievement of the vision and mission of the 2030 National Transformation Program. All submissions for the National Patient Safety Award become the property of Saudi Patient Safety Center. SPSC may use information from all applications in articles aimed at increasing awareness of patient safety practices. All rights preserved for original author of the submission.

 I understand that the honorees may be expected to participate in outreach, sharing of improvement efforts, learning and education on patient safety initiatives. I certify that the information in this application is accurate.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission to Saudi Patient Safety Center to use the contents of my submission for program marketing, education and promotion for the expressed purpose of improvement of patient safety.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_